

# Pennsylvania

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## State CARE Act Program Profile

### CARE Act Funding History Since 1996

Fiscal Year	1996	1997	1998	Total
Title I	\$10,345,478	\$13,465,328	\$14,081,773	\$37,892,579
Title II (including ADAP)	\$7,991,467	\$12,944,947	\$16,937,811	\$37,874,225
ADAP	(\$1,599,571)	(\$5,258,299)	(\$9,074,112)	(\$15,931,982)
Title III	\$2,263,717	\$3,248,166	\$2,946,459	\$8,458,342
Title IV	\$1,510,808	\$1,720,000	\$1,791,000	\$5,021,808
SPNS	\$0	\$0	\$0	\$0
AETC	\$593,642	\$814,246	\$814,246	\$2,222,134
Dental	\$166,262	\$213,310	\$196,794	\$576,366
<b>Total</b>	<b>\$22,871,374</b>	<b>\$32,405,997</b>	<b>\$36,768,083</b>	<b>\$92,045,454</b>

Number of CARE Act-funded Grantees in State (in addition to Title II and ADAP grants)

	1996	1997	1998
Title I	1	1	1
Title III	7	8	7
Title IV	2	2	2
SPNS	0	0	0
AETC (grantee or subcontractor)	2	2	2
Dental	5	6	5

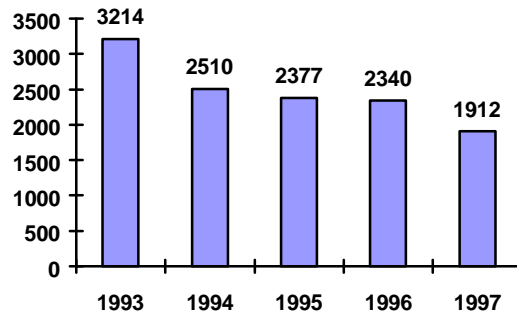
## Location of FY 1998 CARE Act Grantees and Title II Consortia



## HIV/AIDS Epidemic in the State: Pennsylvania (Pop. 12,019,661)

- ▶ Persons reported to be living with AIDS through 1997: 7,814
- ▶ New AIDS Cases by Calendar Year, 1993-1997

- ▶ State reporting requirement for HIV:  
No HIV reporting
- ▶ State AIDS Cases (cumulative) since 1993: 12,353 (3% of AIDS cases in the U.S.)



### Demographics of AIDS Cases Reported in 1997

	State-Specific Data	National Data
Men (13 years and up):	76%	78%
Women (13 years and up):	24%	22%

	State-Specific Data	National Data
<13 years old :	2%	1%
13-19 years old :	1%	1%
20+ years old :	98%	98%

	State-Specific Data	National Data
White:	32%	33%
African American:	55%	45%
Hispanic:	12%	21%
Asian/Pacific Islander:	0%	<1%
Native American/Alaskan Native:	0%	<1%

	State-Specific Data	National Data
Men who have sex with men (MSM):	34%	35%
Injecting drug user (IDU):	40%	24%
Men who have sex with men and inject drugs (MSM/IDU):	4%	4%
Heterosexual contact:	16%	13%
Other, unknown or not reported:	6%	24%

### Pediatric Cases, by exposure category

	State-Specific Data	National Data
Hemophilia/coagulation disorder:	0%	<1%
Mother with/at risk for HIV infection:	84%	91%
Receipt of blood transfusion, blood components, or tissue:	0%	<1%
Other, unknown or not reported:	16%	8%

### Co-morbidities

	State Cases per 100,000 Population	U.S. Cases per 100,000 Population
Chlamydia (1996)	159.7	194.5
Gonorrhea (1996)	89.5	124.0
Syphilis (1996)	1.4	4.3
TB (1997)	4.4	7.4

### Statewide Coordinated Statement of Need (SCSN)

To enhance collaboration in HIV needs assessment and planning activities among CARE Act grantees and to maximize CARE Act resources statewide, Title II grantees were required to develop, in collaboration with other CARE Act grantees, an SCSN by March 1998. SCSNs must include: a discussion of existing needs assessments; epidemiologic data; discussion of emerging issues in HIV care in the state; critical gaps in HIV medical and support services; and broad goals to address major service gaps.

- ▶ **Gaps:** lack of information about HIV/AIDS resources; dental, vision and medical care; transportation; emergency financial assistance; continuation of benefits when PLWH are employed; housing; pediatric, nutrition, mental health, home nursing, legal, permanency planning, buddy, and pastoral services; life insurance continuation; alternative/complimentary therapies; adult day care; respite care; long-term care; STD treatment; and provider training

## State Medicaid Information

In 1998, Medicaid is estimated to have covered 55% of U.S. adults with AIDS and 90% of pediatric AIDS cases. Applying these percentages to the number of AIDS cases in the U.S., at least 108,000 individuals with AIDS were covered by Medicaid in 1998.

### Medicaid Income Eligibility Requirements

Eligibility Category	Income
Adult Aged/Blind/Disabled*	75% FPL
Pregnant Women	185% FPL
Medically Needy	43% FPL

\*Income eligibility for State's ADAP program is annual income below \$30,000.

### Medicaid Prescription Drug Benefits Limits

Co-payment:	Yes
Limit on Rx per month:	No
Refill limit:	Yes
Quantity Limit:	Yes

### Waivers

#### **1115**

Section 1115 of the Social Security Act gives the Secretary of Health and Human Services broad authority to waive provisions in Title XIX, the Medicaid statute. Populations covered vary from waiver to waiver, as does the scope of coverage and the nature of the provider organization.

**1115 waiver:** No

#### **1915(b)**

Section 1915(b) of the Social Security Act authorizes the Secretary of Health and Human Services to waive compliance with certain portions of the Medicaid statute that prevent a state from mandating that Medicaid beneficiaries obtain their care from a single provider or health plans.

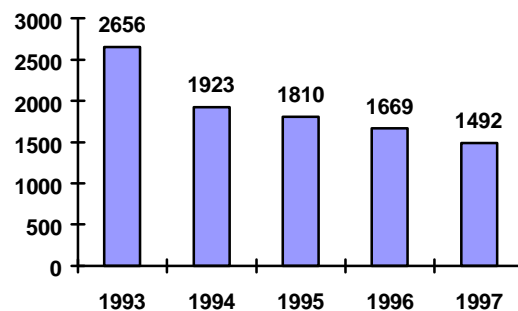
**1915(b) waiver(s):** Yes

## Title I: Philadelphia (Pop. 4,900,000)

Title I funds are provided to eligible metropolitan areas (EMAs) hardest hit by the HIV/AIDS epidemic to provide a wide range of community-based services. In FY 1998, there were 49 EMAs in 19 States, Puerto Rico and the District of Columbia. From FY 1991 to FY 1998, more than \$2.4 billion in funding was appropriated for Title I programs in the U.S.

- ▶ EMA: Burlington, Camden, Gloucester, Salem, Bucks, Chester, Delaware, Montgomery, Philadelphia Counties
- ▶ Estimated number of people living with AIDS at the end of 1997: 6,833
- ▶ AIDS Cases (cumulative) since 1993: 9,550 (77% of state cases, 2% of total U.S. cases)

▶ New AIDS cases by calendar year, 1993-1997



### AIDS Cases Reported in 1997

	EMA-Specific Data	State-Specific Data	National Data
Men (13 years and up):	76%	76%	78%
Women (13 years and up):	24%	24%	22%

	EMA-Specific Data	State-Specific Data	National Data
<20 years old:	2%	2%	2%
20+ years old:	98%	98%	98%

	EMA-Specific Data	State-Specific Data	National Data
White:	24%	32%	33%
African American:	63%	55%	45%
Hispanic:	12%	12%	21%
Asian/Pacific Islander:	0%	0%	<1%
Native American/Alaskan Native:	0%	0%	<1%

	EMA-Specific Data	State-Specific Data	National Data
Men who have sex with men (MSM):	31%	34%	35%
Injecting drug user (IDU):	41%	40%	24%
Men who have sex with men and inject drugs (MSM/IDU):	4%	4%	4%
Heterosexual contact:	19%	16%	13%
Other, unknown or not reported: (Adults only)	6%	6%	24%

## Funding History

Fiscal Year	1996	1997	1998	Total
Formula	\$6,015,408	\$7,062,116	\$7,422,917	\$20,500,441
Supplemental	\$4,330,070	\$6,403,212	\$6,658,856	\$17,392,138
Total	\$10,345,478	\$13,465,328	\$14,081,773	\$37,892,579

## Allocation of Funds

	1998
Health Care Services	\$4,766,254/34%
Medications	\$713,030/5%
Case Management	\$2,639,922/19%
Support Services	\$3,646,105/26%
Administration, Planning and Program Support	\$2,316,462/16%

## Planning Activities

Planning councils work in partnership with the grantee to assess service needs in the EMA and develop a continuum of care. Planning council membership must be reflective of the local epidemic and at least 25 percent of voting members must be PLWH.

- ▶ Number of members on planning council: 61
- ▶ PLWH on planning council: 34 (56%)

## Gender of Planning Council Members

Men:	66%
Women:	34%

### **Race/Ethnicity of Planning Council Members**

White:	36%
African American:	49%
Hispanic:	11%
Asian/Pacific Islander:	3%
Native American/Alaska Native:	0%

(Note: Information taken from FY 1998 Applications. Current Planning Council composition may differ.)

### **Accomplishments**

Clients Served (duplicated count), FY 1996:	37,300
Men:	60%
Women:	37%
Other, unknown or not reported:	3%

<13 years old:	4%
13-19 years old:	5%
20+ years old:	79%
Other, unknown or not reported:	12%

White:	20%
African American:	60%
Hispanic:	11%
Asian/Pacific Islander:	1%
Native American/Alaskan Native:	0%
Other, unknown or not reported:	8%

Men who have sex with men (MSM):	21%
Injecting drug user (IDU):	35%
Men who have sex with men and inject drugs (MSM/IDU):	11%
Heterosexual contact:	25%
Other, unknown or not reported:	8%

#### **► Improved Patient Access**

- The grantee reported a 37% increase in the amount of outpatient medical care services provided between 1995 and 1996, and a 55% increase in the total aggregate number of clients reported (not unduplicated) to have received outpatient health care services (medical, dental, mental health, substance abuse treatment and rehabilitation services). Dental care service units provided increased by 31% in the same period. In 1996, 327 units of rehabilitation services were provided (none were provided in 1995).



- Six new providers received Title I funding for primary medical care in FY 1997, and five providers received new awards for Buddy Services. In addition, the Title I program expanded primary care services at three providers, and day/respite care services with two additional providers.
- In FY 1997, Title I funding made newly available HIV/AIDS medications available at seven community-based providers.

## Title II: Pennsylvania

Title II funds are provided to States and Territories to improve the quality, availability and organization of health care and support services for PLWH. From FY 1991 to FY 1998, more than \$1.9 billion in funding was appropriated for Title II programs in the U.S.

### Funding History

Fiscal Year	1996	1997	1998	Total
Title II Formula Grant	\$7,991,467	\$12,944,947	\$16,937,811	\$37,874,225
ADAP (included in Title II grant)	(\$1,599,571)	(\$5,258,299)	(\$9,074,112)	(\$15,931,982)
Minimum Required State Match	\$3,995,734	\$6,472,474	\$8,468,906	\$18,937,114

### Allocation of Funds

	1998
Health Care (State Administered)	\$8,466,701/50%
Home and Community Care	(\$0)
Health Insurance Continuation	(\$0)
ADAP/Treatments	(\$8,166,701)
Direct Services	(\$300,000)
Case Management (State Administered)	\$113,070/1%
Consortia	\$5,733,416/34%
Health Care*	(\$867,904)
ADAP/Treatment	(\$22,700)
Case Management	(\$2,243,227)
Support Services**	(\$1,753,013)
Other Activities	(\$846,572)
Administration, Planning and Evaluation (Total State/Consortia)	\$2,624,424/15%

\* includes: diagnostic testing, preventive care and screening, prescribing and managing medication therapy, continuing care and management of chronic conditions, and referral to specialty care.

\*\* includes: counseling, direct emergency financial assistance, companion/buddy services, day and respite care, housing assistance, and food services.

## Consortia Activities, FY 1997

States provide services directly or through subcontracts with Title II HIV care consortia. A consortium is an association of public and nonprofit health care and support service providers and community-based organizations that plans, develops and delivers services for people living with HIV disease.

Number of consortia in State: 7

Consortium Name	Location	Service Area	Title II Funding, FY 1997
AIDS Planning Coalition of South Central PA	Camp Hill	Camp Hill, Blair, Huntingdon, Mifflin, Juniata, Perry Dauphin, Lebanon, Lancaster, Cumberland, Bedford, Fulton, Adams, Franklin and York Counties	\$803,452
AIDSNET	Bethlehem	Bethlehem, Monroe, Carbon, Schuylkill, Northampton, Lehigh, and Berks Counties	\$634,141
North Central District AIDS Coalition	Bellefonte	Lockhaven, Potter, Tioga, Bradford, Clinton, Lycoming, Sullivan, Centre, Union, Snyder, Northumberland, Columbia, and Montour Counties	\$492,503
Northeastern Regional HIV Planning Coalition	Wilkes-Barre	Wilkes-Barre, Susquehanna, Wayne, Pike, Wyoming, Lackawanna and Luzerne Counties	\$354,433
Northwest Pennsylvania Rural AIDS Alliance	Clarion	Clarion, Erie, Crawford, Warren, McKean, Mercer, Venango, Forest, Elk, Cameron, Lawrence, Clarion, Jefferson, and Clearfield Counties	\$449,098
Philadelphia AIDS Consortium	Philadelphia	Bucks, Chester, Montgomery, Delaware and Philadelphia Counties	\$2,702,074
Southwestern Pennsylvania AIDS Planning Coalition	Pittsburgh	Pittsburgh, Beaver, Butler, Armstrong, Indiana, Cambria, Allegheny, Westmoreland, Washington, Fayette, Somerset, and Greene Counties	\$732,155

## Accomplishments

Clients Served (duplicated count), FY 1996:	19,990
Men:	69%
Women:	30%

<13 years old:	6%
13-19 years old:	3%
20+ years old:	91%
Other, unknown or not reported:	1%

White:	25%
African American:	64%
Hispanic:	10%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%
Other, unknown or not reported:	1%

Men who have sex with men (MSM):	22%
Injecting drug user (IDU):	39%
Men who have sex with men and inject drugs (MSM/IDU):	4%
Heterosexual contact:	23%
Other, unknown or not reported:	12%

#### ► **Improved Patient Access**

- The total number of clients accessing primary health care, treatment, and support services increased 31% from 15,220 in 1995 to 19,990 in 1996. The number of new clients increased 87% between 1995 (5,500) and 1996 (10,280).
- The number of clients enrolled in ADAP rose 64% between 1996 (2,320) and 1998 (3,798), with a 29% increase in monthly utilization between 1997 (1,350) and 1998 (1,748).
- The state used Title II funds to establish viral load testing services for low-income, uninsured persons in 1997, and reported providing 693 tests to 419 eligible persons as of December 1997.
- The ADAP formulary was expanded from 56 drugs in 1996 to 60 medicines in 1997-98.

#### ► **Improved Patient Outcomes**

- The Operations Manual, used by Title II consortia and providers, was revised in 1997 to include General Agency, Care Services, and Education Standards. In 1998, general agency, care, education, prevention and housing standards were added.

#### ► **Cost Savings**

- Starting in 1998, State-mandated manufacturers' rebates, set at 17%, were provided to the ADAP by pharmaceutical companies, replacing the previously voluntary reimbursement practice.

- The ADAP improved its data collection and management system by contracting with a claims processor. The contractor provides the ADAP with weekly and/or monthly reports on program utilization and expenditures.

► **Other Accomplishments**

- The grantee initiated teleconferences to conduct training and education dissemination activities. For example, teleconferences were used to develop and improve provider skills in treating women with HIV disease.
- The ADAP formulary advisory group includes grantee staff, members of the Consumer Caucus, several HIV/AIDS clinicians, case managers, a pharmacist, and appropriate Department of Public Welfare financial staff.

## AIDS Drug Assistance Program (ADAP): Pennsylvania

ADAPs provide medications to low-income PLWH with limited or no coverage from private insurance or Medicaid. ADAP is just one of multiple sources of public and private funding for HIV treatment, the largest source being Medicaid.

### Funding History

Fiscal Year	1996	1997	1998	Total
Title II Funds	\$1,599,571	\$5,258,299	\$9,074,112	\$15,931,982
State Funds	\$5,200,000	\$6,338,939	\$6,338,939	\$17,877,878
Total	\$6,799,571	\$11,597,238	\$15,413,051	\$33,809,860

### Program

- ▶ Administrative Agency: Dept. of Public Welfare
- ▶ Formulary: 60 drugs, 5 protease inhibitors, 5 other antiretroviral drugs.
- ▶ Medical Eligibility
  - ▶ HIV Infected: Yes
  - ▶ CD4 Count: No
- ▶ Financial Eligibility
  - ▶ Asset Limit: No
  - ▶ Annual Income Cap: Yes
- ▶ Co-payment: No
- ▶ PLWH involvement in advisory capacity: The formulary advisory group includes members of the State Planning Council's consumer caucus.
- ▶ Enrollment cap: No
- ▶ Waiting list as of 10/98: No
- ▶ Waiting list for protease inhibitors as of 10/98: No

### Clients Served

Clients enrolled, 10/98:	3,798
Number using ADAP each month:	1,748
Percent of clients on protease inhibitors:	50%

## Title III: Pennsylvania

Title III provides funding to public and private nonprofit entities for outpatient early intervention and primary care services. From FY 1991 to FY 1998, \$445.8 million was appropriated for Title III programs in the U.S.

### Funding History

Fiscal Year	1996	1997	1998	Total
Number of Programs Funded in State	7	8	7	
Total Title III funding in State	\$2,263,717	\$3,248,166	\$2,946,459	\$8,458,342

### Clients Served in FY 1996 by Title III Grantees in State

(Based on programmatic information from 7 grantee(s) in State)

- ▶ Total number of people provided HIV pre-test counseling and testing services by State's Title III-funded programs: 3,532
- ▶ Total number of people provided primary health care services by State's Title III-funded programs: 2,810
- ▶ Number of new HIV-infected patients enrolled in State's Title III-funded early intervention programs in the past year: 840
- ▶ New clients (adults only) in State's Title III-funded early intervention programs presenting with CD4:
  - ▶ under 200: 27%
  - ▶ from 200 to 499: 31%
  - ▶ above 500: 17%
  - ▶ unknown: 26%

### Accomplishments

Clients served (primary care only), 1996:	2,810
Men:	69%
Women:	31%
<13 years old:	11%
13-19 years old:	1%
20+ years old:	88%

White:	37%
African American:	53%
Hispanic:	9%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%
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Men who have sex with men (MSM):	33%
Injecting drug user (IDU):	20%
Men who have sex with men and inject drugs (MSM/IDU):	3%
Hemophilia/coagulation disorder:	0%
Heterosexual contact:	26%
Receipt of blood transfusion, blood components, or tissue:	1%
Other, unknown or not reported:	17%

#### ► **Improved Patient Access**

- The City of Philadelphia Department of Public Health offers HIV care and support services in one setting to maximize access to care. These services include HIV counseling and testing, medical care, social services, nutritional support, and dental care.
- Between January and September 1997, 387 persons received care through Lehigh Valley Hospital's AIDS Activities Office, representing a 150% increase in the number of clients served since 1991. In 1997, 39% of clients were women.
- Since January 1996, the active caseload provided care at Lehigh Valley Hospital has increased by 43%.
- In 1997, 653 clients received services through the University of Pittsburgh's early intervention programs. Approximately 88% received combination therapy.
- The Children's Hospital of Philadelphia's Special Immunological Adolescent HIV Initiative opened two free anonymous testing centers during 1997, providing counseling and testing to more than 300 persons.

#### ► **Improved Patient Outcomes**

- The rate of hospitalizations among Lehigh Valley Hospital clients decreased by 56% from 1991 to 1997. The decrease is attributed to the coordinated care delivery system that has been established in the ambulatory setting.



- Prior to the City of Philadelphia's Title III program, clinicians at the Children's Hospital of Pennsylvania (CHOP) reported that HIV-infected children were being identified only when they became symptomatic. Because mothers had not been tested earlier, these women, their children, and their partners were coming into care late in their illnesses. The median age of children entering the family clinic in 1991 was three years. In 1997, the average age upon referral decreased to seven weeks of age. The program attributes the improvement to activities funded through the CARE Act program.
- The number of AIDS-related deaths decreased by more than 50% between 1995 and 1996 for clients of the University of Pittsburgh.

► **Cost Savings**

- The grantee noted an 88% reduction in emergency room visits by clients enrolled in Lehigh Valley Hospital's Title III program between 1991 and 1997.
- In 1997, the Lehigh Valley Hospital negotiated a contract to reduce the cost of viral load testing by 53%.

Title III Grantees, FY 1998

Grantee Name	Location	Service Area	Type of Organization
Allegheny University of the Health Sciences	Philadelphia	Philadelphia	Hospital/University-based Medical Center
Greater Philadelphia Health Action	Philadelphia	Primarily Philadelphia County	Community and Migrant (329/330) Health Center
Lehigh Valley Hospital	Allentown	Northampton and Lehigh Counties	Hospital/University-based Medical Center
Philadelphia Department of Public Health	Philadelphia	Philadelphia County	Health Department
The Graduate Hospital/Ambulatory Care Services	Philadelphia	Philadelphia and surrounding counties, New Jersey counties	Hospital/University-based Medical Center
Univ. of Pittsburgh Med. Ctr./Office of Research	Pittsburgh	Allegheny County, City of Pittsburgh, Western Pennsylvania	Hospital/University-based Medical Center
York Health Corporation/YHESS! Clinic	York	York County	Community and Migrant (329/330) Health Center

## Title IV: Pennsylvania

Title IV provides funding for the development and operation of family-centered systems of primary health care and social services for infants, children, youth, women, and mothers (including pregnant women) and also serves high-risk individuals affected by HIV due to their relationship to family members with HIV. From FY 1991 to FY 1998, \$241.5 million was appropriated for Title IV programs in the U.S.

### Funding History

Fiscal Year	1996	1997	1998	Total
Number of Funded Programs	2	2	2	
Total Title IV Funding	\$1,510,808	\$1,720,000	\$1,791,000	\$5,021,808

### HIV-Infected and Affected Clients Served in 1996 by Title IV Grantees in State

Pregnant adolescents and women:	7%
Women with children:	12%
Adolescents/young adults:	4%
Children:	29%
Infants:	8%
Clients with AIDS/HIV Infection:	61%

### Accomplishments

All clients served, 1996:	2,438
Men:	13%
Women:	37%
Other, unknown or not reported: (Adolescents and adults only)	51%
<13 years old:	37%
13-19 years old:	4%
20+ years old:	59%

White:	13%
African American:	66%
Hispanic:	19%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%
Other, unknown or not reported:	2%

Men who have sex with men (MSM):	6%
Injecting drug user (IDU):	14%
Men who have sex with men and inject drugs (MSM/IDU):	0%
Hemophilia/coagulation disorder:	0%
Heterosexual contact, non IDU:	21%
Receipt of blood transfusion, blood components, or tissue:	0%
Pediatric Exposure:	43%
Other, unknown or not reported:	15%

► **Improved Patient Access**

- In 1997, the grantee reported serving almost 1,800 clients, including 148 youth.
- The grantee has established integrated family clinics called Circle of Care and strategically located them across the metropolitan area at each of the three primary care sites of the Title IV program.
- Family-centered case management, provided by an affiliate of the Circle of Care, ensures that the needs of families are met and services are coordinated. Case management assistants provide an added dimension by providing additional support, such as childcare, to the family.
- In 1997, the Circle of Care Project provided prenatal care, postpartum care, and case management services to 50 HIV-infected pregnant women.

► **Improved Patient Outcomes**

- The grantee is developing a comprehensive quality assurance plan. The plan consists of three components: quality indicators and service protocols, chart and service database review, and consumer satisfaction and needs assessment.

Title IV Grantees, FY 1998

Grantee Name	Location	Service Area	Type of Organization
Family Planning of Southeastern Pennsylvania	Philadelphia	Philadelphia	Community Social Service Agency
Family Planning of Southeastern Pennsylvania (WIN)	Philadelphia	Philadelphia	Community Social Service Agency

## AIDS Education and Training Centers: Pennsylvania

The AETCs are a network of 15 regional education centers (75 local performance sites covering all 50 states, Washington, D.C., Puerto Rico, and the Virgin Islands) funded by the CARE Act to train clinical health care providers, provide consultation and technical assistance and disseminate rapidly changing information for the effective management of HIV infection. Targeted providers are CARE Act-funded programs, federally funded community migrant health centers, and clinicians serving persons living with HIV infection. From FY 1991 to FY 1998, \$171 million was appropriated for AETC programs in the U.S.

- ▶ Pennsylvania AETC
- ▶ States Served: Pennsylvania
- ▶ Primary Grantee: University of Pittsburgh, Pittsburgh, PA
- ▶ Subcontractors in State: Allegheny University of Health Sciences - Philadelphia

### Funding History

Year	1996	1997	1998	Total
Total AETC				
Funding for State	\$593,642	\$814,246	\$814,246	\$2,222,134

### Training Highlights from FY 1997

- Since 1995, the AETC has worked to facilitate an evaluation of Title I- and II-funded HIV services in the Philadelphia EMA. The evaluation model relies on consumers and providers to identify standards, quality indicators and data collection methods for six service areas (ambulatory/outpatient medical care, case management, nutritional services, dental care, home health care and complementary services). AETC provided technical assistance in data collection and analysis of the information collected.
- To assist providers in addressing issues relating to the emergence of managed care, the AETC participated in a planning process that resulted in ten managed care programs being offered to all CARE Act grantees in Western Pennsylvania. To prepare grantees for this change, two workshops were conducted: a one-day training titled “The Essentials of Managed Care;” and a two-day conference that included specific skills development workshops on negotiating contracts with HMO’s, AIDS service network development and related topics.
- In collaboration with the St. Joseph Medical Center in Reading and the Berks AIDS Network, the AETC conducted a one-day program on adherence. At the program, the Director of the State’s ADAP program provided information on enrollment procedures and answered questions about the medications available. More than 150 health care professionals participated in the program.

- The AETC conducts a variety of activities to provide information on the reduction of perinatal transmission of HIV. These include: a training about women's reproductive health for HIV prevention educators and test counselors to enhance their ability to discuss pregnancy and pregnancy prevention; a training for OB/GYN providers on HIV prevention and treatment for women. The AETC trainers also met with combined staff of both HIV and MCH health department divisions to review the guidelines on perinatal transmission of HIV and to plan ways to link agencies that serve women at risk.
- Clinical training for health care professionals on the treatment of HIV/AIDS patients has been a focus of the AETC since 1989. In 1997, 30 direct care providers were trained. Most participants had participated in less intensive training activities through the AETC before applying for the intensive, hands-on clinical experience. The training consisted of two to five days of supervised rounds at an HIV/AIDS clinic. The AETC conducts follow up with each trainee three, six and twelve months after the training to determine whether there are remaining gaps in knowledge and to identify additional training needs.
- In collaboration with the Governor's Office of Administration and the Department of Corrections, the AETC developed a peer education program in 10 State Correctional Institutions in 1997. Eleven training modules are taught by faculty of the AETC to groups of inmates and corrections staff. Staff serve as monitors and facilitators with the institution for inmate peer educators who teach their fellow inmates about HIV. Topics covered in training include: HIV transmission; treatment issues; prevention issues; cultural and ethnic diversity; and self-esteem. While there is variation among the institutions, after the program was initiated, there has been an increase in the number of inmates requesting HIV counseling and testing. AETC staff also conducts trainings for the Board of Parole and Probation's staff. All of the Board's field agents have received training.

## HIV/AIDS Dental Reimbursement Program: Pennsylvania

The CARE Act HIV/AIDS Dental Reimbursement Program reimburses eligible dental schools and postdoctoral dental education programs for the reported, uncompensated costs of providing oral health care to PLWH. From FY 1996 (when the program was first funded by the CARE Act) to FY 1998, \$22.2 million in funding was provided for programs in the U.S.

### Funding History

Year	1996	1997	1998	Total
Number of Programs Funded in State	5	6	5	
Total HIV/AIDS Dental Reimbursement Program Funding in State	\$166,262	\$213,310	\$196,794	\$576,366

### Accomplishments

Est. clients served, 1996:	3,177
Men:	63%
Women:	37%
<13 years old:	0%
13-19 years old:	2%
20+ years old:	98%

### HIV/AIDS Dental Reimbursement Program Grantees, FY 1998

Grantee Name	Location
Allegheny University (Medical College of PA)	Philadelphia
Lehigh Valley Hospital	Allentown
Temple University, School of Dentistry	Philadelphia
University of Pennsylvania, School of Dental Med	Philadelphia
York Hospital	York

